

**FILED**

JUL - 8 2008

**RICHARD W. WIEKING**  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

**TEH**

**CV 08 3290 (PR)**

JUAN OCHOA PEREZ

Plaintiff

v.

COUNTY OF SAN MATEO;

SAN MATEO COUNTY SHERIFF'S DEPT.;

SAN MATEO COUNTY JAIL FACILITIES;

SAN MATEO COUNTY HEALTH

SERVICES AGENCY

Defendants

No. \_\_\_\_\_

PLAINTIFFS LOGGED

EXHIBITS: A - F

JUAN OCHOA PEREZ

COR # F-65615

California Men's Colony

P.O. Box 8103

San Luis Obispo, Ca

93403-8103

EXHIBIT: A

EXHIBIT: A

May 4, 2008

John Peter Cook #1-5015  
Chillicothe, Tenn  
PO Box 110  
Sumner, Tenn 37168  
3103-1103

Dear Mr. Cook:

On May 1, 2008, I received your letter

dated May 1, 2008, regarding your letter

dated May 1, 2008.

I am sorry to hear that you are

having trouble with your letter.

I am sorry to hear that you are having trouble with your letter.

I am sorry to hear that you are having trouble with your letter.

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I am sorry to hear that you are having trouble with your letter.



In June 2006, Plaintiff was ordered to wait  
in the San Pedro County Sheriff's Department  
(San P.D.) - San Pedro County Jail for  
(San P.D.) - San Pedro County Jail.

Plaintiff was put in a cell where he was  
kept for several days and where he was  
kept for several days.

Plaintiff was put in a cell where he was  
kept for several days and where he was  
kept for several days.

San P.D. was a 'common practice' by San P.D.

Plaintiff was put in a cell where he was  
kept for several days and where he was  
kept for several days.  
San P.D. was a 'common practice' by San P.D.

Plaintiff was put in a cell where he was  
kept for several days and where he was  
kept for several days.

Plaintiff was put in a cell where he was  
kept for several days and where he was  
kept for several days.

Plaintiff was not provided medical care  
San P.D. was a 'common practice' by San P.D.



[illegible]

On the 21st of July, I returned from my tour of duty, and  
found that the weather was very warm, and the  
water was very high. The wind was very strong,  
and the waves were very high. The water was very  
warm, and the wind was very strong. The waves  
were very high, and the water was very warm.

State Director of Children's Welfare, Canton, Mass.  
 Institute for Courts

and they administered proceedings regarding their many and varied cases.

Soil was a 'Cottrell' per acre 5, and county



4







### Experiments in the Late Classic Period

100-100000-9119 (ed)

1. *Chrysomelidae* - *Chrysomelidae*  
 2. *Chrysomelidae* - *Chrysomelidae*  
 3. *Chrysomelidae* - *Chrysomelidae*  
 4. *Chrysomelidae* - *Chrysomelidae*  
 5. *Chrysomelidae* - *Chrysomelidae*  
 6. *Chrysomelidae* - *Chrysomelidae*  
 7. *Chrysomelidae* - *Chrysomelidae*  
 8. *Chrysomelidae* - *Chrysomelidae*  
 9. *Chrysomelidae* - *Chrysomelidae*  
 10. *Chrysomelidae* - *Chrysomelidae*

from the "lost and found" to him. It was  
from the "lost and found" while in the  
"lost and found" that I have covered.



1. It is not all from work experience to  
 show in your job. I should like to know  
 your "background" in the field of  
 business. I am sure you have had some  
 experience in the field of business. I am  
 sure you have had some experience in  
 the field of business. I am sure you  
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 field of business. I am sure you have had  
 some experience in the field of business.

[illegible]



MASSACHUSETTS DEPARTMENT OF CORRECTIONS  
INMATE COMPLAINT FORM

Received By	Staff	Received By	Staff
1. Administration	1. Other	Date	
2. Classification		Time	
3. Food		Length	
4. Inmate's		Department	

Inmate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Number: \_\_\_\_\_

Inmate Address: \_\_\_\_\_

Inmate Phone Number: \_\_\_\_\_

Inmate Date of Birth: \_\_\_\_\_

Inmate Race: \_\_\_\_\_

Inmate Religion: \_\_\_\_\_

Inmate Education Level: \_\_\_\_\_

Inmate Current Employment: \_\_\_\_\_

Inmate Previous Employment: \_\_\_\_\_

Inmate Current Residence: \_\_\_\_\_

Inmate Previous Residence: \_\_\_\_\_

Inmate Current Family Members: \_\_\_\_\_

Inmate Previous Family Members: \_\_\_\_\_

Inmate Current Friends: \_\_\_\_\_

Inmate Previous Friends: \_\_\_\_\_

Inmate Current Associates: \_\_\_\_\_

Inmate Previous Associates: \_\_\_\_\_

Inmate Current Interests: \_\_\_\_\_

Inmate Previous Interests: \_\_\_\_\_



Maricopa County Jail Facilities  
Inmate Grievance Form

Received by Staff  
Date: 7/1/08  
Time: 2:00 PM  
Inmate: [illegible]  
Deputy: [illegible]

Received by Staff  
Date: 7/1/08  
Time: 2:00 PM  
Inmate: [illegible]  
Deputy: [illegible]

[The body of the document contains several paragraphs of text that are extremely dark and illegible due to heavy scanning artifacts. The text appears to be a formal grievance or complaint, but the specific details cannot be discerned.]

Attest:  
[Signature Line]  
[Signature Line]  
[Signature Line]



**San Mateo County Jail Facilities  
Inmate Citevance Form**

**Reading** ☐ **Staff Only**  
 1. Age ☐ 2. Classification ☐ 3. Medical ☐  
 4. Pre-Screen ☐

**Received Staff Only**  
 Date   
 Time   
 Delay

**Inmate Name**

**ID#**

**Inmate Address**

**ID#**

**ID#**

**Inmate Phone Number**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**

**Inmate Signature**



1. NAME LAST, FIRST

2. DATE OF BIRTH 11 June

3. DATE OF DEATH 15 June

4. AGE 25

5. PLACE OF BIRTH San Francisco, Calif.

Personal Self, Unit	Day	Time	Time	Days

1948

1990年12月15日

## REFERENCES

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

124



1997



2000-2001 100%

Reference: 100-106140

## References

James Sullivan

Volume	Page	Year	Price
1	1-100	1960	\$1.00
2	101-200	1961	\$1.00
3	201-300	1962	\$1.00
4	301-400	1963	\$1.00
5	401-500	1964	\$1.00
6	501-600	1965	\$1.00
7	601-700	1966	\$1.00
8	701-800	1967	\$1.00
9	801-900	1968	\$1.00
10	901-1000	1969	\$1.00

## Discussion

## Discussion

11-11-1994

[illegible]

### South of the 45th Parallel


**C**

1997

**Abstract**

**Abstract**







## VERIFICATION - 446, 2015.5 C.C.P.)

STATE OF CALIFORNIA  
COUNTY OF SAN LUIS OBISPO

I am the party of the above entitled actions, a citizen of the United States, over the age of eighteen years and a resident of San Luis Obispo County. My current address is:

JUAN PEREZ, CDCR No.: F-65615  
California Men's Colony-West  
P.O. Box 8103 / Unit 4 Dorm 22 Bed 29-1  
San Luis Obispo, California 93403-8103

I CERTIFY (OR DECLARE), UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.  
EXECUTED ON 5-5-08, AT SAN LUIS OBISPO, CALIFORNIA, 93403-8103.

PEREZ JUAN  
PETITIONER (Signature)

\*\*\*\*\*

## PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA  
COUNTY OF SAN LUIS OBISPO

I am the party of the above entitled actions, a citizen of the United States, over the age of eighteen years and a resident of San Luis Obispo County. My current address is:

JUAN PEREZ, CDCR No.: F-65615  
California Men's Colony-West  
P.O. Box 8103 / Unit 4 Dorm 22 Bed 29-1  
San Luis Obispo, California 93403-8103

ON 5-5-08 I SERVED THE WITHIN PETITION TO GRANT LEAVE

FOR LATE FILING & CLAIM FOR DAMAGES

ON THE PARTY: \_\_\_\_\_

IN SAID ACTION, BY PLACING A TRUE COPY THEREOF IN A SEALED ENVELOPE WITH POSTAGE THEREON PREPAID, IN THE UNITED STATES MAIL AT CALIFORNIA MEN'S COLONY, SAN LUIS OBISPO, CA 93403-8103, ADDRESS AS FOLLOWS:

Tom Casey III  
County Counsel

JOHN MALONE

400 County Center

Clerk of the Board

6th Floor

400 County Center

Redwood City, Ca. 94063

Redwood City, Ca.

94063

I CERTIFY (OR DECLARE), UNDER THE PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.  
EXECUTED ON 5-5-08, AT SAN LUIS OBISPO, CALIFORNIA, 93403-8103.

PEREZ JUAN  
DECLARANT (Signature)



*EXHIBIT: B*

*EXHIBIT: B*



0241481  
 SAN MATEO CJIS  
 ORGANIZATION: MC

IN THE SUPERIOR COURT SOUTHERN BRANCH  
 OF THE STATE OF CALIFORNIA  
 IN AND FOR THE COUNTY OF SAN MATEO

02/21/08  
 09:49  
 PAGE 1

--- REGISTER OF ACTIONS ---

CASE NO. SC062421A STATUS: ADJUDICATED

PEOPLE V. PEREZ, JUAN OCHOA

ALCALAN APT 8  
 MOUNTAIN VIEW, CA

DATE OF BIRTH: 05/10/58

\*\*\*\*\*  
 ATTORNEYS OF RECORD:

PROSECUTION: MLA  
 DEFENSE: JOHN CAMPION  
 (PRIVATELY RETAINED)

\*\*\*\*\*  
 CHARGES, PLEAS AND DISPOSITIONS:

FILED DATE: 11/14/06

NT ALG			LATEST		CONV/DISP
Q. NO.	CODE/SECTION	TYPE	PLEA	-----DISPOSITION-----	DATE
01	HS 11378	F	NOL	PLED NOLO CONTENDERE	02/07/07
01	PC 1203.073(B)(2)	E		STRICKEN	
02	HS 11379.6(A)	F	NOL	PLED NOLO CONTENDERE	02/07/07
04	HS 11366	F	NG	DISM - NEGOT PLEA	02/07/07
05	HS 11383(C)(1)	F	NG	DISM - NEGOT PLEA	02/07/07



J241481  
SAN MATEO CJIS  
ORGANIZATION: MC

--- REGISTER OF ACTIONS ---  
CASE NO. SC062421A

02/21/08  
09:49  
PAGE 3

\*\*\*\*\*  
RECORD OF CASE EVENTS:

11/14/06 08:00 INFORMATION FILED.  
COMPLAINT FILED.  
REPORTER'S TRANSCRIPT RE PRELIMINARY HEARING FILED.  
DEPUTY DA GOOD DESIGNATED AS PROSECUTING ATTORNEY OF  
RECORD.

11/16/06 08:00 FINGERPRINT FORM FILED.  
08:45 \*\* HEARING HELD ON 11/16/06 AT 8:45 A.M. IN SUPERIOR COURT  
- HALL OF JUSTICE & RECORDS, D- 44. HON. JOHN SCHWARTZ,  
JUDGE, PRESIDING. CLERK: LESLIE WISE. REPORTER: WENDY  
WACHHORST. CLERK2: BIANCA NEDELCO. DEPUTY D.A. GOOD.  
DEFENSE COUNSEL PRESENT: JOHN CAMPION.  
FELONY ARRAIGNMENT  
DEFENDANT PRESENT IN CUSTODY.  
JOHN CAMPION RETAINED AS ATTORNEY OF RECORD.  
DEFENDANT WAS ARRAIGNED; THROUGH COUNSEL WAS HANDED A  
COPY OF THE INFORMATION, WAIVED ITS READING, AND WAIVED  
ADVICE AS TO RIGHTS.  
DEFENDANT, THROUGH COUNSEL, WAS HANDED A COPY OF THE  
PRELIMINARY HEARING TRANSCRIPT.  
DEFENDANT ENTERED A PLEA OF NOT GUILTY TO ALL COUNTS.  
DEFENDANT DENIED ALL SPECIAL ALLEGATIONS, PRIORS AND/OR  
OVERT ACTS AS ALLEGED IN THE INFORMATION.  
TIME WAIVED FOR TRIAL BY DEFENSE.  
PRE-TRIAL CONFERENCE SET 11/28/2006 AT 1:30 P.M. IN  
SCRWC COURT, D- CR.  
JURY TRIAL SET ON 01/08/2007 AT 8:45 A.M. IN SCRWC  
COURT, D- CR.  
BAIL SET AT \$900,000.00.  
DEFENDANT IS ORDERED TO BE SEEN BY THE JAIL NURSE  
DEFENDANT REMAINS IN CUSTODY.  
DEFENDANT ORDERED TO RETURN.  
ENTERED ON CJIS BY B NEDELCO DATE 11/16/2006.

11/22/06 08:00 ORDER FOR MEDICAL EXAMINATION OF DEFENDANT FOR PHYSICAL  
AILMENT FILED.

11/28/06 13:30 \*\* HEARING HELD ON 11/28/06 AT 1:30 P.M. IN SUPERIOR COURT  
- HALL OF JUSTICE & RECORDS, D- 9. HON. CRAIG PARSONS,  
JUDGE, PRESIDING. CLERK: ALVIRA CASTRO. REPORTER: DAYNA  
HUHN. CLERK2: MARTIN KING. DEPUTY D.A. GOOD. DEFENSE  
COUNSEL PRESENT: POMEROY FOR CAMPION.  
PRE TRIAL CONFERENCE  
DEFENDANT PRESENT IN CUSTODY.  
ORTIZ PRESENT AND DULY SWORN/HAS OATH ON FILE AS SPANISH  
LANGUAGE INTERPRETER.  
PRE-TRIAL CONFERENCE NOT HELD.  
PRE-TRIAL CONFERENCE SET 12/05/2006 AT 1:30 P.M. IN  
SCRWC COURT, D- CR.



241481

MAN MATED CJIS  
ORGANIZATION: MC

--- REGISTER OF ACTIONS ---  
CASE NO. SC062421A

02/21/08  
09:49  
PAGE 6

\*\*\*\*\*  
RECORD OF CASE EVENTS:

02/07/07 - CONTINUED

DEFENDANT ENTERED A PLEA OF NOLO CONTENDERE TO COUNT 1,  
VIOLATION OF HS 11378, A FELONY.  
DEFENDANT ENTERED A PLEA OF NOLO CONTENDERE TO COUNT 2,  
VIOLATION OF HS 11379.6(A), A FELONY.  
COURT ACCEPTS THE PLEA(S).  
COURT FINDS DEFENDANT GUILTY TO THE CHARGE(S) TO WHICH  
DEFENDANT PLED NO CONTEST.  
THE COURT FINDS DEFENDANT MADE A KNOWING AND INTELLIGENT  
WAIVER OF LEGAL AND CONSTITUTIONAL RIGHTS AND THAT THE  
PLEA(S) WAS FREELY AND VOLUNTARILY ENTERED.  
COURT FINDS A FACTUAL BASIS FOR THE PLEA(S).  
TIME IS NOT WAIVED.  
ALL REMAINING COUNTS DISMISSED. REASON: NEGOTIATED PLEA.  
ALL REMAINING SPECIAL ALLEGATIONS; PRIORS AND/OR OVERT  
ACTS ARE STRICKEN. REASON: NEGOTIATED PLEA.  
DEFENDANT IS DEFENDANT TO BE EVALUATED BY THE JAIL  
MEDICAL STAFF AS SOON AS POSSIBLE.  
MATTER CONTINUED TO 03/09/2007 AT 8:45 A.M. IN SCRWC  
COURT, D- CR FOR RECEIPT OF PROBATION REPORT AND  
IMPOSITION OF SENTENCE.  
THE CASE IS REFERRED TO THE PROBATION DEPARTMENT FOR  
PREPARATION OF REPORT.  
DEFENDANT REMAINS IN CUSTODY.  
SPANISH INTERPRETER ORDERED FOR NEXT APPEARANCE.  
DEFENDANT ORDERED TO RETURN.  
ENTERED ON CJIS BY M.KING DATE 02/07/2007.

02/27/07 09:00 DEPUTY DA MLA DESIGNATED AS PROSECUTING ATTORNEY OF  
RECORD.

03/09/07 08:00 ABSTRACT OF JUDGMENT FILED.  
PROBATION REPORT FILED

08:45 \*\* HEARING HELD ON 03/09/07 AT 8:45 A.M. IN SUPERIOR COURT  
- HALL OF JUSTICE & RECORDS, D- 11. HON. JOHN L  
GRANDSAERT, JUDGE, PRESIDING. CLERK: SARAI GOULART.  
REPORTER: MICHAEL SHINTAKU. CLERK2: MARTIN KING. DEPUTY  
D.A. ALLHISER. DEFENSE COUNSEL PRESENT: JOHN CAMPION.  
PROBATION REPORT AND SENTENCING  
DEFENDANT PRESENT IN CUSTODY.  
LYNCH PRESENT AND DULY SWORN/HAS OATH ON FILE AS SPANISH  
LANGUAGE INTERPRETER.  
PROBATION OFFICER'S REPORT RECEIVED, REVIEWED AND  
ORDERED FILED.  
DEFENDANT WAIVED FORMAL ARRAIGNMENT FOR JUDGMENT.  
DEFENDANT IS ARRAIGNED FOR PRONOUNCEMENT OF JUDGMENT.  
DEFENDANT STATED THERE IS NO LEGAL CAUSE WHY SENTENCE  
SHOULD NOT NOW BE PRONOUNCED.  
PROBATION IS DENIED.  
DEFENDANT IS COMMITTED TO THE DEPARTMENT OF CORRECTIONS  
AS FOLLOWS:



EXHIBIT: C

EXHIBIT: C



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR  
ACCOMMODATION REQUEST**  
 CDC 1824 (1/95)

INSTITUTION/PAROLE REGION: <u>50</u>	LOG NUMBER: <u>07-01381</u>	CATEGORY: <u>18. ADA</u>
---	--------------------------------	-----------------------------

**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

*In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.*

INMATE/PAROLEE'S NAME (PRINT) <u>JUAN PEREZ</u>	CDC NUMBER <u>F65615</u>	ASSIGNMENT <u>NONE</u>	HOURS/WATCH <u>NONE</u>	HOUSING <u>WOTTE</u>
--	-----------------------------	---------------------------	----------------------------	-------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

**MODIFICATION OR ACCOMMODATION REQUESTED**

DESCRIPTION OF DISABILITY:

Chronic lower back Pain.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

I have 3 copies from San Mateo County. I'm also waiting on X-Rays from them but I'm still waiting.

DESCRIBE THE PROBLEM:

When I was in custody in San Mateo. I was working in the kitchen. And I fell and slipped landing on my lower back. While in San Mateo I didn't receive the proper treatment or medication.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I desperately need to get my back looked at. Also I need to get treated. Also when an alarm goes off I am unable to get down I need a special vest to let C.O's know my disability. THANK YOU
JUAN PEREZ  
 INMATE/PAROLEE'S SIGNATURE

03-27-07  
 DATE SIGNED

APR 04 REC'D APR 03 REC'D



APR 04 RES

## DATE ASSIGNED TO REVIEWER:

APR 03 2007

DATE DUE: APR 24 2007

☒ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☒ Auxiliary Aid or Device Requested

☒ Other See Below

**PHYSICAL ACCESS (requiring structural modification)**

## DISCUSSION OF FINDINGS

DISCUSSION OF FINDINGS: Reviewed ADA Medical Record and interviewed Mr Perry through his cell mate who was part of our conversation.

He transferred to G.O. on 3-14-07. He stayed in  
Fell at San Mateo and injured his back. (Review)  
issued a card. He was seen on 4-24-07 and  
a 1845 was inserted with a Chrono. For cases  
limited mobility and impaired Vest.

Spoke with the ADA Assistant Coordinator and plans to transfer out Dave Deegan. I'll send you a check for Mobility Vest with instructions and spoke with you regarding pending transfer. Pain medications started on 4-24-07

4-30-07

DATE INMATE/PAROLEE WAS INTERVIEWED

A genuine RM

PERSON WHO CONDUCTED INTERVIEW

## DISPOSITION



**GRANTED**



**DENIED**

☒

**PARTIALLY GRANTED**

**BASIS OF DECISION:**

**BASIS OF DECISION:** Based on the above information your ~~request~~ Request has been partially granted. Your transfer out is pending.

[illegible]

**NOTE:** If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

**TITLE**

INSTITUTION/FACILITY

Quinn RM 4-30-07

RN

**APPROVAL**

ASSOCIATE WARDEN'S SIGNATURE \_\_\_\_\_

DATE SIGNED

Church

4	30	0	7
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DATE RETURNED TO INMATE/PAROLEE \_\_\_\_\_

MAY 01 RECT



EXHIBIT: D

EXHIBIT: D



STATE OF CALIFORNIA

## DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)

CDC 1845 (Rev. 01/04)

DEPARTMENT OF CORRECTIONS

CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: <b>PEREZ, Juan</b>	CDC NUMBER: <b>F65615</b>	INSTITUTION: <b>SQ</b>	HOUSING ASSIGNMENT: <b>1V - 97 L</b>	DATE FORM INITIATED: <b>4.24.07</b>
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Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM		SECTION B: DISABILITY BEING EVALUATED	
<input type="checkbox"/> Inmate self-identifies to staff	<input type="checkbox"/> Third party evaluation request	<input type="checkbox"/> Blind/Vision Impaired	<input type="checkbox"/> Speech Impaired
<input checked="" type="checkbox"/> Observation by staff	<input type="checkbox"/> Medical documentation or Central File information	<input type="checkbox"/> Deaf/Hearing Impaired	<input checked="" type="checkbox"/> Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT	SECTION D: PERMANENT DISABILITIES <u>NOT</u> IMPACTING PLACEMENT
<p>1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel.</p> <p>2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and <i>does not require</i> wheelchair accessible cell.</p> <p>3. <input checked="" type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.</p> <p>4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.</p> <p>5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).</p> <p>6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing.</p>	<p>1. NO CORRESPONDING CATEGORY</p> <p>2. NO CORRESPONDING CATEGORY</p> <p>3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. <b>Do not place at:</b> CCI, CMC-E, CRC, CTF-C, FSP, SAC, SCC I or II, SOL, or SQ. (CDC 128-C: _____)</p> <p>4. <input type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s).</p> <p>5. NO CORRESPONDING CATEGORY</p> <p>6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing.</p>

## SECTION E: ADDITIONAL MEDICAL INFORMATION

## CSRALERT:

- ☒ Requires relatively level terrain and no obstructions in path of travel
- ☐ Complex medical needs affecting placement ☐ CDC 128-C \_\_\_\_\_

## HEALTH CARE APPLIANCE IDENTIFICATION VEST:

- ☐ Cane ☐ Crutch ☒ Walker ☐ Leg/Arm prosthesis ☐ Vest
- ☐ Other: \_\_\_\_\_ ☐ CDC 128-C(s) dated: \_\_\_\_\_

## ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring
- ☐ Toileting ☐ Other: \_\_\_\_\_ ☐ CDC 128-C(s) dated: \_\_\_\_\_

## OTHER DPP DESIGNATIONS:

- ☐ NONE \_\_\_\_\_ CODE DATED CODE DATED

HOUSING RESTRICTIONS: ☒ Lower bunk ☒ No stairs ☐ No triple bunk. CDC 128-C(s) dated: \_\_\_\_\_

## SECTION F: EXCLUSIONS


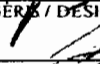
- ☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability. (Explain in Comments Section and CDC 128-C dated \_\_\_\_\_).
- ☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: \_\_\_\_\_. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_.)
- ☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): \_\_\_\_\_. (Explain in Comments Section and CDC 128-C dated: \_\_\_\_\_.)

## SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier
- ☐ Reads lips ☐ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

UNABLE TO WALK >100ft, 1st down yards, 5 paces.  
CANNOT CLIMB STAIRS.

PHYSICIAN'S NAME (Print) <b>BURLETT</b>	PHYSICIAN'S SIGNATURE 	DATE SIGNED <b>4-24-07</b>
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) <b>R. Kanan</b>	HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE 	DATE SIGNED <b>4/25/07</b>

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.



*EXHIBIT: E*

*EXHIBIT: E*



**REASONABLE MODIFICATION OR ACCOMMODATION REQUEST**  
**CDC 1824 (1/95)**
**REVIEWER'S ACTION**

DATE ASSIGNED TO REVIEWER: 10/26/07

DATE DUE: 11/16/07

**TYPE OF ADA ISSUE**
☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☐ Auxiliary Aid or Device Requested

☒ Other CLASSIFICATION ACTION
☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: ON 12/17/07 YOU WERE INTERVIEWED REGARDING YOUR REQUEST TO BE CLASSIFIED TOTALLY MEDICALLY DISABLED DUE TO NUMEROUS MEDICAL CONDITIONS AND PAIN WHICH YOU FEEL ADVERSELY AFFECTS YOUR QUALITY OF LIFE. UPON REVIEW OF YOUR CHRONO FILE AND PER 12856 (DUTY LIMITATIONS) CHRONO DATED 12/14/07 APPEARS YOUR CASE NEEDS TO BE REVIEWED BY A CLASSIFICATION COMMITTEE TO MAKE A DETERMINATION IF REASONABLE ACCOMMODATIONS ARE NEEDED. YOU ARE CURRENTLY ASSIGNED TO ABE AND PER YOUR INSTRUCTOR YOU HAVE DIFFICULTY IN CLASS WHICH IS AFFECTING YOUR WORK. YOUR APPEAL IS PARTIALLY GRANTED IN THAT YOU WILL BE SCHEDULED FOR UNIT CLASSIFICATION COMMITTEE DATED DECEMBER 19, 2007 IN ORDER TO ASCERTAIN YOUR PROGRAM NEEDS AND ACCOMMODATIONS.

 12/17/07  
 DATE INMATE/PAROLEE WAS INTERVIEWED

 M. ROCHA CCH  
 PERSON WHO CONDUCTED INTERVIEW

**DISPOSITION**
☐ GRANTED ☐ DENIED ☒ PARTIALLY GRANTED

BASIS OF DECISION: YOU WERE SEEN BY U.C.C. COMMITTEE ON DECEMBER 19, 2007, PER U.C.C. COMMITTEE AND DUTY LIMITATIONS CHRONO DATED 12/14/07 COMMITTEE ELECTED TO REMOVE YOU FROM YOUR EDUCATION ASSIGNMENT AND MAKE YOU TOTALLY DISABLED DUE TO YOUR DUTY LIMITATIONS. MUEL STATE PRISON IS UNABLE TO PROVIDE YOU WITH REASONABLE ACCOMMODATIONS AT THIS TIME. YOU WILL CONTINUE ON AIA WG/P6 STATUS. SHOULD YOUR MEDICAL CONDITIONS CHANGE YOU WILL BE RE-EVALUATED FOR FURTHER PROGRAM NEED. IT SHOULD BE NOTED THAT YOU AGREED TO COMMITTEE ACTION.

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME)

M. ROCHA

TITLE

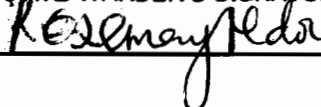
CCH

INSTITUTION/FACILITY

ASPII / FAC 6

**APPROVAL**

ASSOCIATE WARDEN'S SIGNATURE



DATE SIGNED

12/21/07

DATE RETURNED TO INMATE/PAROLEE

 12/21/07 received by  
 J P Inmate 12-27-07



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR  
ACCOMMODATION REQUEST**  
 CDC 1824 (1/95)

INSTITUTION/PAROLE REGION: <u>AVENAL ST. PRISON</u>	LOG NUMBER: <u>07-02978</u>	CATEGORY: <u>18 ADA</u>
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**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) <u>JUAN PEREZ</u>	CDC NUMBER <u>F-65615</u>	ASSIGNMENT <u>ABT-I</u>	HOURS/WATCH <u>1---1400</u>	HOUSING <u>650-1-44 Low</u>
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In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section 5 of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

**MODIFICATION OR ACCOMMODATION REQUESTED**
**DESCRIPTION OF DISABILITY:**

I WAS INJURED IN SAN MATEO COUNTY JAIL AND NOW HAVE "MILD SPURRING OF DORSAL-SPINE NOTED / SEVERE BACK PAIN INJURY OCCURRED ON 6-25-06

**WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?**

I HAVE A RADIOLOGY REPORT FROM THORACIC SPINE SERIES ON "7-19-06. ATTACHED HEREIN IS A COPY OF THIS REPORT REQUESTED.

**DESCRIBE THE PROBLEM:**

I HAVE SEVERE PAIN DUE TO AN INJURY IN SAN MATEO COUNTY JAIL. SPENT 1/2 mo in the Hospital. CDCR SENT ME TO A.S.P. WHICH IS A MEDICAL FACILITY AFTER SEVERAL TRANSFERS. I HAVE SEVERE PAIN WHEN I SIT TOO LONG OR STAND TOO LONG.

**WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?**

I WOULD LIKE TO SEE A DOCTOR A.S.A.P.; RECEIVE PROPER MEDICATION TO ALLEVIATE THE PAIN; TO DETERMINE IF THIS CAN BE FIXED WITH SURGERY OR IF IT IS A PERMANENT INJURY; TO RECEIVE A BOTTOM BUNK CHANG, AND TO BE PLACED IN A JOB THAT ACCOMMODATES MY INJURY PERMANENTLY OR UNTIL MY PROBLEM IS CORRECTED.

PEREZ JUAN  
INMATE/PAROLEE'S SIGNATURE

RECEIVED

OCT 24 2007

ASP APPEALS OFFICE

10-21-07  
DATE SIGNED

NOV 15 2007



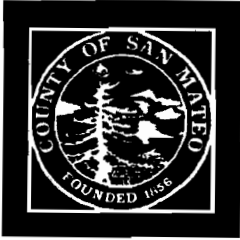
**MEDICAL/PSYCHIATRIC/DENTAL**  
**Revised/1/06**



*EXHIBIT: F*

*EXHIBIT: F*

## County Manager's Office



# COUNTY OF SAN MATEO

COUNTY GOVERNMENT CENTER • REDWOOD CITY • CALIFORNIA 94063-1662  
WEB PAGE ADDRESS: <http://www.co.sanmateo.ca.us>

BOARD OF SUPERVISORS  
MARK CHURCH  
JERRY HILL  
RICHARD S. GORDON  
ROSE JACOBS GIBSON  
ADRIENNE TISSIER

JOHN L. MALTBIE  
COUNTY MANAGER  
CLERK OF THE BOARD

(650) 363-4123  
FAX: (650) 363-1916

June 5, 2008

Juan Perez CDCR #F-65615  
California Men's Colony  
P.O. Box 8103  
San Luis Obispo, CA 93403-8103

Notice is hereby given that your application for leave to present a late claim, which was received in the office of the Board of Supervisors on May 12, 2008, was presented to the Board of Supervisors on June 3, 2008, and rejected in its entirety by said Board.

**WARNING:** Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a state court action on this claim. (See Government Code Section 945.6)

You may seek the advice of an attorney of your choice in connection with this matter. If you do desire to consult an attorney, you should do so immediately.

If you have any questions, please contact San Mateo County Risk Management at (650) 363-4611.

Very truly yours,

John L. Maltbie, County Manager /  
Clerk of the Board of Supervisors

JLM:mlp

cc: Donna Vaillancourt, Director, Human Resources Department  
Keith A. Hillegass Company, Inc.  
Attorney for Claimant (if any):